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ABSTRACT

Community psychology has not dealt directly with the economic forces that foster maladjustment. Instead, it has focused on changing the individual and limited segments of the population. Society supports economic structures and values that hinder community psychology programs. Individual empowerment has only limited scope because it does not deal with the basic economic issues that frequently underlie dysfunctional behavior. Evidence from societies with economic equality suggests that they are more consistent with the philosophy of community psychology. The strategies of psychologists who practice community psychology will become more effective if they become politically active to achieve the alternative socio-economic structures advocated by recent economic planners. A 22-item list of references is included. (Author/DB)

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POLITICAL ACTIVISM:

A New Dimension For Community Psychology

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POLITICAL ACTIVISM

A New Dimension For Community Psychology

Psychologists, unwittingly for the most part, continue to attribute the responsibility for change to the individual, who is expected to reshape the environemnt or to accept it as it is. Yet, the conditions that increase pathology, stress, maladjustment, and alienation are part of a political and economic system (Lerner, 1973; Goldenberg, 1978; Banton et al., 1985). The recent cutting of federal funds for welfare projects demonstrates again the view that maladjustment is a personal matter that must be dealt with by the individual. The government, through such decisions reaffirms individualism and overlooks environmental causality.

Understanding economic and social structures helps to perceive the meaning of human behavior. Crime, for example, is often attributed to lack of impulse control or to low frustration tolerance and is treated with therapy, punishment, or both. Despite legal and educational efforts to curtail crime, it is increasing in the U. S. (Gest, 1983) because we fail to understand crime from an ecological perspective. Similarly, rape-prone societies are characterized by separation of sexes, economic stratification, interpersonal violence, and male domination and exploitation. In rape-free societies, men respect the sanctity of womanhood and of nature and do not attempt to control or destroy the environment. Their sexual relationships are based on equality and sharing (Sanday, 1981). Thus, rape cannot be curtailed without simultaneously changing the structural contingencies in which rape occurs.

Because the political-economic structure creates social problems, this structure must be addressed before social problems can be fully understood and remedied.

Effects of the Economic Structure on Health

Social policies dealing with health and illness are to a large extent influenced by the structure and function of the prevailing political-economic system. For example, Cereseto and Waitzkin (1986) matched countries with free market and planned economies for equivalent levels of economic growth, using data provided by the conservative and prestigious World Bank (World Bank, 1983). They found that the latter countries had a significantly higher index of physical quality of life as measured by infant mortality and life-expectancy rates, by nutrition and health care, by literacy and educational enrollment, and by ratio of population per physician and nurse. These countries made heavy investments in public health efforts toward prevention (housing, sanitation, nutrition, immunizations), and health and education were subsidized at the national level. While highly developed nations with free enterprise economic systems offered public health programs with similar benefits, these programs often did not include minorities, the poor, the unemployed, and those living in rural communities.

Although differentiating wealth is often erroneously associated with well-being, it is the equitable distribution of wealth that is generally linked with greater personal satisfaction in life (Lea, Tarpy, & Webley, 1987, chap. 16). The evidence suggests that egalitarian, nonconsumerist societies that are not obsessed with the accumulation of wealth, but provide health, education,

and employment to everyone, are more likely to support and maintain a better quality of life (see Sagan, 1987, chap. 8). In fact, this observation is strongly endorsed by future economic planners (Blum, 1981, chap. 3; Estes et al., 1984; Wilson, 1985; Trainer, 1985; Burtless, 1987). As the forgoing empirical study suggests, building a socio-economic structure that advances the cause of physical and emotional health is no longer a theory but a reality and a "window of opportunity" has been opened for community psychology

Collective Societal Action

Technology, individualism, social mobility, and the decline of institutional authority have limited the role of social support systems which have been shown to sustain emotional and physical health (Cohen & Wills, 1985). In these situations individual psychological interventions are often appropriate and usually cost-effective. But mental disorder and emotional dysfunction are also related to the macrolevel parameters of poverty, unemployment, and low social class (Brenner, 1973; Kessler & Albee, 1975; Eaton, 1980). Thus, the real issue appears to be economic and political, rather than psychological. Consequently, instead of focusing on the cost-effectiveness of individual-centered therapeutic interventions, the logical target would be to concentrate on the larger "costs" of maintaining social and economic inequality that produces unemployment, poverty, and individual dysfunction which, in turn, increase welfare and health care funding. Hence, health-promoting interventions necessitate comprehensive planning to include needed structural and institutional changes. Ouellette-Kobasa (1989) rightfully contends that interventions need to

expand beyond immediate physical environments and stressful life events (divorce, illness, job transfer) to include broader parameters that involve work and educational opportunities, reciprocal social support, cohesive environments, economic sufficiency, and universal access to health care.

Researchers and caregivers are not often politically involved and active in the planning of health and welfare policies, and lawmakers and consumers do not always have access to empirical data and demographic needs to enable them to make the necessary policy decisions on health and welfare issues. DeLeon and VandenBos (1984) argue that it is ultimately the political forces that decide on social welfare programs and health care policies. To bring about the necessary structural changes and to ensure economic equality they urge citizens, professional associations and other groups to form alliances and persuade the nation's elected officials by providing them with empirical data, and by informing the media of the economic advantages of the proposed changes.

Rothman & Brown (1989) outline the necessary political strategies that affect social policy. First is to identify the need or problem in the community, for example, homelessness, crime, drug abuse, unemployment, housing, etc. Important is the community's awareness of and attitude about the problem, and what it expects from the efforts; social participation and organizing leadership are also determining factors for creating the momentum for change. Second is the community organization which comprises the objectives of collective political action toward municipal, state, or national levels of government. Legal assistance, health advocates, technical

consultants, and political support are often necessary to insure the implementation of a social policy. Extra-community forces (business, religious, educational, media) may promote or hinder the organized efforts of the community. Third is the direct appeal to governmental, legislative, and judicial agencies to instigate changes that would improve health and living conditions. Fourth is the visible outcome of collective action for the benefit of the community.

Conclusion

To promote human welfare, community psychologists must become activists in developing an egalitarian society instead of merely waiting for it to arrive. Such an action will be consistent with their role as promoters of well-being, for a healthy person needs first to live in a healthy society. In the final analysis, community psychologists, like educators and social scientists, cannot divorce their work and ideology from a strong and substantive political base (Freire, 1972).

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A b s t r a c t

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